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FAX COVER SHEET

TO:

Examiner Sy D. Luu

FAX #:

(571) 273-8300

CC:

FROM:

William P. Jensen, Reg. No. 36,833

. NUMBER OF PAGES:

(INCLUDING COVER PAGE)

DATE:

July 15, 2005

C/M#:

33849-1

SUBJECT:

Applicant Initiated Interview Request Form

Please check transmission after the last page. IF YOU ARE NOT RECEIVING CLEARLY, OR IF YOU HAVE ANY PROBLEMS WITH THE TRANSMISSION, PLEASE CALL US BACK IMMEDIATELY AT 713.658.2323.

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THANK YOU.

Attorney Docket No.: 33849-000001						
Applicant Initiated Interview Request Form						
Application No.:	10/623,672	First Named Applicant: Andres Callege			llegari	
Examiner:	Sy D. Luu Art	2174	Status of Applicat		ding	,
Tentative Partici	pants:			1011:		
(1) William F	. Jensen	(2) <u>Sy</u>	D. Luu			
(3)		(4)				
Proposed Date of Interview:	September 8, 2005	Pro	posed Time:	2:0		p.m. (E\$T)
Type of Interview Requested: (1) Telephonic (2) Personal (3) Video Conference Exhibit To Be Shown or Demonstrated: Yes No If yes, provide brief description:						
Issues To Be Discussed						
(Rej. Obj., (1) Rejection	l, 24, 30, 37, 50, 56	Application	Prior Art on paragraph (00			Not Agreed
(2) (3) (4)						
[] Continuation Sheet Attached						
Brief Description of Arguments to be Presented: Paragraph [0005] of the Applicant's Application fails to suggest, much less disclose, a graphics accelerator capable of performing the claimed operations.						
An interview was conducted on the above-identified application on NOTE:						
This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP §713.01). This application will not be delayed from issue because of applicant's faiture to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible. (Applicant/Applicant's Representative Signature (Framiner/SPE Signature)						
(Examiner/SPE Signature) William P. Jensen						
Typed/Printed Name of Applicant or Representative						
36,833						
Registration Number, if applicable						